

EAST BATON ROUGE PARISH **HEAD START**/EARLY HEAD START PROGRAM



4523 Plank Road
Baton Rouge, Louisiana 70805
(225) 358-4504

2016-2017 Application

A TRADITION OF EXCELLENCE

EARLY CHILDHOOD EDUCATION - COMMUNITY PARTNERSHIP/VOLUNTEERISM - NUTRITIOUS MEALS AND SNACKS - COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT SERVICES - MEDICAL AND DENTAL SERVICES - SOCIAL SERVICES FOR FAMILIES - ACTIVITIES FOR PARENTS - ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS

CENTER LOCATIONS		
Baker Heights Head Start Center Start(Closed for 2016-2017 school session only) 3750 Harding Street Baker, La. 70714 (225) 775-1229	Creative Head Start Center(Closed Permanently) 3165 Victoria Drive Baton Rouge, La. 70806 (225)357-1663	New Horizon Head Start Center 1111 North 28th Street Baton Rouge, LA 70802 (225) 344-2152 Annex: (225) 389-3014
Capital Area Head Start/Early Head Start Center 3250 N. Acadian Thruway E. Baton Rouge, LA 70805 (225) 359-9201 ext. 28	Discovery Head Start Center 9700 Scenic Highway Baton Rouge, LA 70807 (225) 775-7719	Progress 1 Head Start Center 1881 Progress Road Baton Rouge, LA 70807 (225) 774-8158
Charlie Thomas Memorial Head Start Center 8686 Pecan Tree Drive Baton Rouge, LA 70810 (225) 761-4436	Freeman-Mathews Head Start Center 1386 Napoleon Street Baton Rouge, LA 70805 (225) 387-8539	Progress Head Start 2 Center 1881 Progress Rd. Baton Rouge, La. 70807 (225) 774-1901 225/774-1939
Child Development & Learning Center 7315 Exchange Place Baton Rouge, La. 70806 (225) 924-3414	LaBelle Aire Head Start Center 1919 N. Cristy Drive Baton Rouge, LA 70815 (225) 275-0426 Annex: (225) 273-6770	Wonderland Head Start Center 1500 Oleander Street Baton Rouge, LA 70802 (225) 346-0677

The following information must be submitted with your application:

- Applicant's Birth Certificate/Verification of Birth
- Applicant's Immunization Card (up-to-date)
- Notarized proof of guardianship (if applicable)
- Social Security Cards for each family member
- Applicant's Medical Card or Health Insurance Card
- Verification of Disability (if applicable)
- Proof of Income: Relevant Time Period- **FROM** _____ **TO** _____
 - Payroll Check Stub (Must have name of company, name of employee, year to date income, hourly pay, pay period) within "Relevant Time Period"
 - All W2's for "Relevant Time Period"
 - Income Tax Return – 1040 (preceding year)
 - FITAP (welfare)– Budget Slip
 - Social Security Statement
 - Social Security Income (SSI) Statement
 - Child Support Documents
 - Unemployment Compensation
 - Self-employment Statement
 - Non-Income Verification or Self-Declaration and Third Party Agreement

RELEVANT TIME PERIOD - (A) the 12 months preceding the month in which the application is submitted; or (B) during the calendar year preceding the calendar year in which the application is submitted, whichever more accurately reflects the needs of the family at the time of application.

Please do not detach sheets, last page requires signature

An Equal Opportunity Program

FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, AND/OR SPECIAL NEEDS

East Baton Rouge Parish **Head Start**/Early Head Start Program

DATE
STAMP

Baker Heights
Freeman Matthews

Capital Area
LaBelle Aire/Anne

Charlie Thomas
New Horizon/Annex

CDLC
Progress I

Creative
Progress II

Discovery
Wonderland

PARENT'S INFORMATION

Parent/Guardian's Name: _____ DOB: _____ ☐ Mother ☐ Father ☐ Grandparent ☐ Other
SSN: _____ Race/Ethnicity (optional): ☐ African American/Black ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other _____
Address: _____ Home Telephone #: _____ Cell Phone#: _____
City: _____ State: _____ Zip: _____
Place of Employment: _____ Work Phone: _____
Parent's Martial Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated Child lives with? ☐ Mother ☐ Father ☐ Legal Guardian

I. CHILD'S INFORMATION

Child's Name: _____
Date of Birth: _____ Age: _____ Social Security #: _____ - _____ Gender: ☐ Male ☐ Female
Race/Ethnicity: (Optional)
☐ African American / Black ☐ Asian ☐ Caucasian / White ☐ Hispanic / Latino ☐ Native American / Alaskan ☐ Other: _____
Language Spoken at Home: Primary: _____ Secondary: _____

II. CHILD'S HEALTH INFORMATION: (Submit copy of Health Insurance Card)

☐ No Health Insurance ☐ LaCHIP #: _____ ☐ MEDICAID #: _____
Health Insurance Company: _____ Policy #: _____
Primary Care Physician: _____
Address: _____ Telephone #: _____
Dentist: _____
Address: _____ Telephone #: _____

III. EMERGENCY CONTACTS

In case of Emergency Contact: (Check all applicable). In case of emergency your child will be transported to the nearest hospital.
☐ Name: _____ Telephone #: _____ ☐ Medical Personnel ☐ 911 ☐ Share Medical Health Records
In addition to Emergency Contact, child may be released to:
1Name: _____ Home phone#: _____ Cell Phone# _____
2Name: _____ Home phone# _____ Cell Phone# _____
3Name: _____ Home phone#: _____ Cell Phone# _____
4Name: _____ Home phone#: _____ Cell Phone# _____

Medical Conditions / Disabilities: (Submit copy of medical reports/IEP relating to Conditions / Disabilities)

Allergies (Type: _____) <input type="checkbox"/>	Autism <input type="checkbox"/>	Orthopedic Impairment <input type="checkbox"/>
Birth Defects <input type="checkbox"/>	Developmental Delay <input type="checkbox"/>	Mental Retardation <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Dietary restrictions (Type: _____) <input type="checkbox"/>	Traumatic Brain Injury <input type="checkbox"/>
Emotional / Behavior Disorder <input type="checkbox"/>	Epilepsy / Seizures <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Health Impairment <input type="checkbox"/>	Hearing Impairment / Deafness <input type="checkbox"/>	
Visual Impairment / Blindness <input type="checkbox"/>	Learning (Type: _____) <input type="checkbox"/>	
Sickle Cell Anemia <input type="checkbox"/>	Speech / Language <input type="checkbox"/>	

FAMILY INFORMATION

Living Arrangement ☐ Two Parents ☐ Single parent – Mother Only ☐ Single parent – Father Only
☐ Single parent – Mother & Partner ☐ Single parent – Father & Partner ☐ Legal Guardian ☐ Grandparent

Housing ☐ Own/Buying ☐ Renting House ☐ Apartment ☐ Homeless/ Shelter ☐ Public Housing Assistance ☐ Other _____
Length of time residing at this address____ **Has family moved 2 or more times in the last 12 months?** ☐ YES ☐ NO

Transportation ☐ Private Vehicle ☐ Public Transportation ☐ Friend / Relative ☐ Other: _____

Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
Name		
Date of Birth		
Age		
Social Security Number		
Race/Ethnicity	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____
Language	Primary _____ Secondary _____	Primary _____ Secondary _____
Education	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> ≥8 th grade	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> ≥8 th grade
Employment:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Unemployed <input type="checkbox"/> with previous experience <input type="checkbox"/> with no previous experience <input type="checkbox"/> Other _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Unemployed <input type="checkbox"/> with previous experience <input type="checkbox"/> with no previous experience <input type="checkbox"/> Other _____
Work Phone #:		Work Phone #:
Other Public Assistance:	<input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other: _____
Special Conditions / Concerns:	Medical Conditions / Disabilities <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO Currently Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO Substance Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Issues <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical Conditions / Disabilities <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO Substance Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Issues <input type="checkbox"/> YES <input type="checkbox"/> NO

Relationship:	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative
Name:		
Date of Birth:		
Age:		
Soc Sec#:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity: (Optional)	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____
Language:	Primary_____ Secondary_____	Primary_____ Secondary_____
Education:	<input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> <12 th grade	<input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> <12 th grade

Relationship:	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative
Name:		
Date of Birth:		
Age:		
Soc Sec#:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity: (Optional)	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____
Language:	Primary_____ Secondary_____	Primary_____ Secondary_____
Education:	<input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> <12 th grade	<input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> <12 th grade

ACKNOWLEDGEMENT

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that if any of this information changes or is found to be incorrect, I am obligated to notify this agency immediately. I understand that falsifying information such as family income, number of children, number of household members or relationship may result in the rejection of this application and my child being terminated from East Baton Rouge Parish Head Start/Early Head Start Program.

FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, AND/OR SPECIAL NEEDS.

Parent / Guardian's Name (**PRINT**): _____

Parent / Guardian's Signature: _____

Date: _____

An Equal Opportunity Program